

One 2 One Support (Cheshire) Limited

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Inspection report

50 Witton Street
Northwich
Cheshire
CW9 5AG
Tel: 01606 350100
Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 27 October 2015. The inspection visit was announced in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care service.

The service was previously inspected on a 25 November 2013 when it was found to comply with the requirements of regulations.

One to One Support is a domiciliary care service that provides support and personal care to people adults who may have learning difficulties, sensory impairment and mental health concerns. The service is provided to people living in their own accommodation (over three locations), rented through a partner landlord. This arrangement is often known as 'supported living'. At the time of our inspection there were 11 people who received a service.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and secure. People received care and support from a team of established care staff who knew them well.

People's feedback was valued by the service. The most recent survey confirmed people's experience in receiving care and support was positive.

Care plans were available for all of the people who received the service. Each person's care plan was up to date and included sufficient information to enable staff to meet people's care needs.

Staff had a full understanding of the specialist care and support people required. Training and support for staff was happening on a regular basis and focused on the specialist needs of people using the service.

Staff told us they were supported by the registered manager. Staff had regular one to one meetings with the registered manager as well as monthly staff meetings.

Recruitment systems were robust by carrying out pre-employment checks. Staff received a full induction to understand their role and to ensure they had the skills to meet people's specific needs. This helped ensure people received care and support from staff that were competent and well matched to the role.

Audit systems were in place to monitor and manage how care and support was being delivered and took account of accidents and incidents, as well concerns and complaints.

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had an awareness of what was required in order to keep people safe and were knowledgeable about what to do if they had any safeguarding concerns.

People were protected by ensuring safe recruitment procedures were in place. There were sufficient numbers of care staff available to meet people's needs.

Risks were well managed and there were systems in place to enable staff to support people with their medicines safely.

Good



Is the service effective?

The service was effective.

People received support from a consistent staff team who knew their needs well. Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's specialist needs.

People were supported with their health and dietary needs.

Staff were aware of the Mental Capacity Act 2005 and how this impacted upon their day to day work. People were involved and supported to make decisions about their care and support.

Good



Is the service caring?

The service was caring.

People told us that staff were kind, considerate and very supportive.

People were treated with dignity and respect and care was provided in line with people's wishes.

Staff supported people to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People received care that was based around their own wishes, preferences and choices. There were systems in place to help ensure staff were kept up to date when people's needs changed.

Staff supported people to use services within their local community as well as maintaining contacts with friends and family.

People knew how to make a complaint and had confidence that issues would be resolved.

Good



Is the service well-led?

The service was well led.

Staff said that they were supported and valued by the registered provider and the registered manager. Both participated in the care delivery so that people knew them well and had confidence in them.

Good



Summary of findings

There were processes in place to ensure that the quality and safety of the service was regularly reviewed and remedial action taken where there were any identified concerns.

The registered manager was open and transparent where concerns were highlighted and lessons learnt.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 October 2015 and was announced. The provider was given 48 hours' notice because the service is small and the manager is often out of the office supporting staff or providing care.

The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information that we held about the service provider such as notifications, safeguarding reports and complaints.

We visited two locations and spoke to six people who used the service. We also spoke to six staff. We looked at the care plans and supporting documentation for five people who used the service and spent time observing their interactions with staff.

We reviewed documents that the registered provider had in place to monitor the quality and safety of the service as well as the records relating to the recruitment and support of staff.

Is the service safe?

Our findings

People told us that they felt safe using the service; “Yes I feel safe, especially with the staff here”, “Yes I’m safe here”, “I like having staff with me when I cook, sometimes I forget that cooking can be dangerous.”

Staff had an understanding of the principles of safeguarding and how to support people in order to keep them safe and to protect them from harm. Staff had received training in safeguarding adults and were confident they knew how to report any concerns. The registered manager had an up to date safeguarding policy in place that reflected that of the local authority. Safeguarding concerns had been appropriately reported, investigated and remedial action taken to avoid any re-occurrence.

People supported held their own tenancy with a housing provider. The registered provider acted as an advocate to assist people in resolving any concerns in regards to the safety or suitability of the premises. Tenants meetings were held on a monthly basis and safety was discussed. The staff used these meetings as an opportunity to raise with people their own personal safety such as when they answer the door or the phone to strangers. Safety alerts such as those from the Health and Safety Executive were also discussed with staff and tenants.

People said that staff were reliable and that they came when they were expected. They confirmed that they received the help they needed and that there was always enough staff. The registered provider told us that they were looking to develop a “bank” of staff to provide cover such as when a person may need some additional support or to respond to unforeseen events. We looked at rotas and saw that shifts were planned in advance and any gaps covered by existing staff. The registered provider did not use agency staff. Staff we spoke with said that although extra shifts were not always convenient, they recognised the need to provide a continuity of care and were happy to do so.

The registered provider kept appropriate records in regards to recruitment and selection of staff. Application forms

were checked, suitable references on file and interview notes demonstrated that people had the appropriate knowledge, skills and values for the job. Staff had checks from the Disclosure and Barring Service in place prior to commencing employment. This meant that people were protected from staff that were not of a suitable character to provide their support.

People were satisfied with the support they received with their medicines. Assessments were completed with regard to individual’s level of capacity and whether they were able to administer their medicines independently or needed support. Care plans reflected the level of support required and some people had a risk assessment where they may refuse medication. Medicines were stored securely within each of the properties. The registered manager told us that they were in discussion with the people who used the service about having a safe space to keep medicines in their own bedrooms as this would enable a more person centred approach. We looked at the medication charts for three people who used the service. Staff had recorded when medication had been given on a medication administration record sheet (MARs) and these were appropriately completed. We looked at the medication prescribed against the MARs and found that they reflected the medicines at that had been administered. There were policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

The registered manager had ensured that people had risk assessments in place for environmental risks (such as cleaning, fire and cooking) and for risks to pertinent to each individual. Staff understood how to minimise risks and the requirement to review these on a regular basis.

Emergency plans were in place for all people using the service and staff were familiar with them. This included evacuation in the event of a fire. These included the emergency contact details as well as identifying when an emergency response might be required for people with specific needs.

Is the service effective?

Our findings

People were supported by staff that were familiar with their needs and preferences and knew them well. Comments include; “I have every confidence in them” and “They know what they are doing, I think they are all well trained”.

People were helped to shop for food and to prepare their own meals. They enjoyed the food that was prepared, “Cheese on toast today, that’s my favourite”, “Sometimes we have pie and chips which is nice”, “I prepare my own food with staff helping me”. People also told us that they looked forward to having fish and chips on a Saturday night. Staff were aware of those people who had special dietary requirements such as diabetes, and they were offered appropriate alternatives and encouraged not to have other foods which might impact upon their blood sugar levels. Staff encouraged healthy eating and in a recent quality survey a relative had commented: “The team have been reviewing [names] lifestyle habits and diet to ensure that they remain healthy”.

Staff told us that the “Training opportunities were excellent”. The registered provider had an up to date list of training that staff had undertaken and when it was next due for review. Training files for individual staff reflected this information. Staff had undertaken training in key areas such as moving and handling, medicine administration, safeguarding, fire safety and food hygiene. Staff also explained that the registered manager was keen to identify training needs following any incident and ensured that “Everyone learns from these things”. They gave an example of recent pressure and prevention training that the registered manager had put in place following a safeguarding incident.

Staff received an induction that consisted of work based learning, training and shadowing. Staff confirmed that this was effective and they did not work alone until they felt confident. Staff received a probationary review at the end of a three month period to review their competency and confidence in the role. The registered manager had recently reviewed the induction programme and made some changes to ensure that it met with the requirements of the Care Certificate. This is an identified set of standards for new health and social care workers,

Staff had regular supervision and appraisal. Each staff member had a personal development plan that was

reviewed throughout the year. From these, we saw that staff were encouraged to take developmental opportunities and receive constructive feedback. The registered manager and the registered provider also undertook direct observations of staff to ensure that they were working in a person centred way. For example, the registered manager undertook a direct observation of a staff member providing catheter care to ensure that they had the required skills and knowledge. All these processes ensured that staff were supported and motivated to meet the needs of the people they supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. We checked whether the service was working within the principles of the MCA 2005. Staff had received training on the MCA 2015 from the registered manager. Following this they identified a number of people where potential restrictions were being placed on their lives. These persons had subsequently been referred to the local authority for consideration in regards to the Court of Protection. Staff gained people’s consent before undertaking personal care, for example a staff member helped one person walk to the toilet and asked if they would like any help, before going in to help them. Staffs understanding of the principles of the MCA 2005 varied. Some staff explained this well and told us “We start from the base line that the person has capacity”. This was reflected in care plan documentation with statements such as “I know my own mind so please help me to make my decisions”. However, there were examples where decisions were being taken in a person’s “best interest” without a formal mental capacity assessment such as limiting certain foods to prevent any deterioration in health. We spoke with the registered manager about completing a formal mental capacity assessment in such cases and documenting why a best interests decision needed to be made.

We saw records that demonstrated that people had received health care services, such as GP visits and nurse

Is the service effective?

visits, which had usually been accessed by staff on people's behalf. Staff were aware of people's health needs and had processes in place to monitor conditions such as those

associated with diet, epilepsy etc. For example we saw how people's nutritional needs should be met. People are supported to keep their own GP and were enabled to attend appointments with support if this was required.

Is the service caring?

Our findings

People who used the service were positive about the way that staff treated them. “I like the staff, they give me lots of encouragement” and “I am happy and it could not be better”. People told us that they enjoyed living at the service and that it felt like “Living with family” and “Staff were like a second family”.

People told us they received good care and support, and that they had a good relationship with staff; “Yeah I love it here. [Staff] are lovely!”, “Yeah, it’s good here”, “Yes, I’m good here”.

The environment within the service was warm and friendly, and the interactions observed between staff and people indicated a good rapport. People were called by their preferred name and this was documented at the beginning of a care plan “My name is [name] but I like to be called [name]”. We overheard one person telling a member of staff, “I love you” before giving them a hug. The staff member spoke fondly of people using the service and told us, “I love working here. I love working with the people.”

People were supported to maintain relationships both inside and outside the service. One person told us, “I stay in contact with [name]. I have a phone in my room so I can call them”, whilst another person told us, “Staff help me stay in contact with [name], and they also encourage me to go and visit [name].”

People within the service were allocated key workers who supported them with any day-to-day issues and setting goals. These were documented within care plans along with a time frame within which these were to be achieved. These included support to do washing, cleaning the stairs, accessing a dating agency, arranging holidays or assisting to attend a place of worship. This showed us that people were involved in the development of their own care and support.

Staff interactions with people were respectful, and where people asked for support with personal care, this was dealt with discreetly by the member of staff. Staff demonstrated a good understanding of people’s individual needs and communicated well with them, for example staff told us that certain questions may cause one individual to become anxious and advised us to focus on other areas of discussion to prevent them from becoming upset.

People had their own rooms which they could spend time in whenever they wanted and so had their own privacy if they wished. One person showed us how they had been able to personalise their room by adding ornaments and photos, and said “I really love my room”. There was also a communal area where people could spend time together.

People were supported to express their views and tenants meetings were held on a regular basis. Feedback from the meetings enabled care to be reviewed or individual concerns where staff were required to act as advocate for example as in liaison with the landlord. Information on local advocacy services was also available at the premises although no one currently accessed this service.

The registered manager had introduced the idea of “dignity champions” to the organisation and staff were considering how they could contribute and demonstrate dignity in action.

Staff undertook a learning session on “Fair access, diversity and inclusion”. They also promoted this within the households such as reminding people to respect each other’s privacy and own their opinions. As part of the direct observation of staff, the registered manager looked at how staff treated a person during interventions and made record such as “Offered to assist with appropriate clothing, acknowledged his choice whilst maintaining wellbeing and dignity” and “Discussed at an appropriate level and pace”.

Is the service responsive?

Our findings

People told us they were happy with the care and support that they received; “Yes they look after me. They’re nice”; “I know staff have my best interests at heart”. One person told us that they had been able to bring their pet budgie to live with them. Other people told us they also enjoyed having the budgie within the service. A recent survey returned from relatives quoted “I have seen a real positive in [names] progress” and “[name] is so happy learning new skills”.

Prior to a person securing a tenancy, discussions were held with the local authority commissioners and the service provider to ensure that a person’s needs could be met and also that they would be a “Good match” with the other people already living there.

Each person had an individual care plan which included specific and detailed information around areas such as emotional needs, personal care and physical health. Information was personalised and enabled staff to provide the right support, for example one care plan gave information about a recent bereavement and ways in which staff could offer emotional support to the person, whilst another highlighted ways in which staff could help enable meaningful relationships with a person’s family. Care plans were reviewed on a monthly basis to check that they remained relevant and up-to-date, and we saw that alterations had been made where there had been a change in need.

External professionals such as psychologists, the GP and district nurses had been involved in developing the support that people required to ensure that their health and wellbeing was maintained. Care plans contained information based on advice and guidance given by these professionals in response to changing levels of need. For example we saw that district nurses had been involved in supporting an individual with their catheter, and in another instance advice from a psychologist had been used to inform a risk assessment.

Daily progress notes were kept for each person and detailed what support had been given. These notes were

generally thorough, however we saw that on occasion staff were not always evidencing that all support outlined in the care plan had been delivered. For example one person’s care plan stated, “pressure areas to be checked twice daily” but daily records did not make any reference to pressure areas being checked. Staff were able to tell us and the person confirmed that they were doing this in the mornings and evenings. Accurate record keeping is important in demonstrating that a person’s needs have been met. We raised this with the registered manager who advised that this would be further addressed.

People were supported to engage in a variety of activities which were personalised and appropriate to people’s interests. One person enjoyed going to the pub in the evening so staff supported with organising a taxi and someone to accompany them. One person told us, “I enjoy playing football and going for walks in the park. I have also recently been on holiday which was really good”. Another person told us they had been to Tatton Park with a member of staff which they had enjoyed. People were also encouraged to take an interest in wider discussions and things of relevance to the community and the world. Prior to the general election a tenants meeting was held and staff took time to discuss with people the importance of voting and identified ways of enabling people to vote.

People who used the service told us that they did not have any concerns. Some of the people we asked told us that they would go to one of the support workers if they had any issues; “I have a good relationship with [name], she understand me so I’d go to her if I had a problem”, “I’d probably go to [name], she’s lovely.” Information on how to raise a complaint was contained in the service user guide that was issued to people when they started using the service. This included contact details for CQC and the local authority. There were other forms of contact available to people such as the name and contact details of the registered manager and the main office. We asked the registered provider to ensure that this document was reviewed in order to include the role of the local government ombudsman in investigating complaints.

Is the service well-led?

Our findings

The registered manager had been in place since May 2015 and everyone knew who she was. People who used the service and family had made positive feedback in the last survey about communication with management and said they were “Kept informed” and “Had regular discussions”. Staff commented that “She has changed lots of things for the better” and “We are well supported”. The staff told us that the service is run “Like a family” and there is “Excellent management support at all levels”.

People said that the registered manager and the registered provider went to the properties every day and sometimes did shifts so they “Know everyone very well”. One person said that the registered manager “Is brilliant; I can talk to her about anything”.

The registered manager undertook a number of checks to ensure that the service was safe and that staff were providing good care. She carried out a monthly spot check that sampled medication, environment and care planning records. Any issues identified were recorded and followed up. However, there was no documentary evidence of how these audits had been carried out and what had specifically had been looked at. The registered managers told us that she was working on a more detailed audit system and showed us some of the sample audits she had and was reviewing.

There was openness and transparency in the service when things went wrong. We saw that “lessons learnt” from a recent safeguarding had been shared during a staff meeting and ideas sought on how repeat occurrences could be prevented in the future. This included additional training and documentation. Staff said “It is important to learn from mistakes”.

People who used the service and their close contacts were asked for their views and opinions through meetings,

surveys, customer feedback books, and one to one sessions. People had been very positive about the service and the impact it had on their lives. Where issues had been highlighted, the registered manager had taken action. For example, one person commented that it had been a while since they had seen the complaints process and so the registered manager spoken with them about it and provided them with a new copy.

The views of staff were sought in supervision, staff meetings and also during exit interviews. The registered manager said it was important to understand why staff left in order to ascertain anything positive for the future. Comments included “I have enjoyed working at one to one” and “It has been a pleasure”.

The staff said that the registered manager was a “Good example” as she was willing to cover shifts, act as a key worker and provide “Hands on care”. They said that they would be able to discuss concerns with her knowing that she would understand. Staff said that they felt valued and part of “A family”.

The registered manager was looking as to how to improve the service and seeking best practice guidance, research and guidance. She had sought the advice from a number of partner agencies including CQC. She was also in the process of identifying “Champions” who would undertake additional learning in order to support staff in key areas such as dementia care, end of life, dignity etc. Staff were supported with regular supervision and meetings. They were kept up to date with changes to best practice and legislation. For example they had recently looked at the new CQC ways of inspecting and related guidance within a meeting. There were also constructive meetings between the registered manager and registered provider looking at the business development, support to staff and care provision.